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DOCTORS IN COUNCIL.

PENNSYLVANIA STATE MEDICAL SOCIETY.

FRIDAY—THIRD DAY—MORNING SESSION.

THE Committee of Arrangements recommended the adoption of a resolution that under no circumstances should the time of readers of papers be extended, and requesting the President to enforce this rule. Adopted.

Dr. R. J. Levis, Philadelphia. We have all noticed with regret the absence from our sessions of one of our most venerable members, Dr. John L. Atlee, of Lancaster. I believe that his absence is due to a disability which is but temporary, but as expressing our sympathy with him, I beg leave to offer the following:—

Resolved, That learning of the illness of our distinguished and venerable colleague, Dr. John L. Atlee, of Lancaster, we desire to express to him our regret at missing him from our meeting, our warm wishes for his recovery, and for the long continuance of his most honorable, energetic and useful life.

Dr. Traill Green, of Easton, seconded the resolution, and thought it very appropriate, on account of Dr. Atlee's long association with this society.

The resolution of Dr. Joseph Leidy, of Philadelphia, which was made the special order of business for ten o'clock, was called up.

Dr. Leidy stated that it was unnecessary, in this society, to refer to the claims of anatomy in medical education, for physicians and surgeons understand the paramount importance of this branch. In the early part of my teaching, as the members of this society perhaps well know, there was no legal provision for supplying the material necessary to the study of anatomy. Subsequently our Legislature passed an act making provision for material from Philadelphia. Since then the population has grown, the number of students has multiplied, and the material is by no means sufficient for the purpose of studying as it should be done. With the object of promoting its study our Legislature, on June 14th, 1883, passed an act making provision to establish a board of distribution and delivery of dead human bodies. To render the action of the board efficient, the aid and support of the medical profession of this Commonwealth is necessary.

As chairman of the Anatomical Board, I offer the following:—

Resolved, That the Medical Society of the State of Pennsylvania, recognizing the importance of anatomy, and duly appreciating the recent acts of Assembly making provision for its efficient distribution, recommends that the medical profession throughout this Commonwealth encourage the Anatomical Board of Pennsylvania in its duty in carrying out the provisions of said act.

Dr. J. Ewing Mears, Philadelphia. I should like to make a few remarks. I think that it is well that the character of this act should be explained to the members of the profession throughout this State. It is well known that we have had an anatomy act since 1867. This was, however, defective in many respects. The principal defects are: First, it did not furnish an adequate supply of unclaimed dead; second, it did not provide any machinery for an equitable distribution, and third, it provided no penalties for disobedience of its provisions.

In the petition to the Legislature these points

were referred to. During the session of '81–'82 the number of medical students in Pennsylvania was 1403. If each student pursued his study in anatomy two years, and is allowed to dissect one-half of a body, 746 bodies would be required; 50 more would have to be allowed for demonstration in surgery and anatomy, bringing up the number to 796. During that same session the whole number of bodies supplied was only 405, just one-half of the smallest number required.

In the preparation of this law it was submitted to the higher legal authority, in order that its provisions should be just to the people of the Commonwealth and to the medical men of the State. It provides penalties not only for a failure on the part of the officers of the various institutions to carry out its provisions, but also for failure to carry out its requirements by the medical profession.

By this act the unclaimed dead from our institutions of every kind in this State shall be furnished to a board of distribution. This supplies material to institutions, but also to any physician in any county of this State who desires to pursue his anatomical studies. This should be especially understood.

The executive committee of the board of distribution carry out the provisions of this law. We have distributed in an equitable way to the different institutions the bodies furnished, the number received being in proportion to the number of students.

The executive committee have so arranged the matter that it is impossible for there to exist an illegal traffic in dead bodies. There can now be no more robbing of cemeteries, and no more resurrectionists. Every body which comes to the board must be accompanied with the death certificate, signed by the physician of the institution from which the body comes. There are also two receipts given. These are given by name, or if the name is unknown, by distinct description. Where it is necessary, the body is preserved for a certain length of time.

The people of the Commonwealth can be assured that the medical profession, in having this law prepared, took care to protect their rights, and we feel that we have one of the best anatomical laws in this country. The board consists of the teachers of anatomy and surgery in the State.

We commend this act to the physicians of the State, and we desire their hearty co-operation and assistance by informing the people in regard to the nature of the act. We wish to protect the cemeteries from robbery, and to supply the great want which exists in the education of medical men. The resolution was adopted.

Dr. Henry Leffman, of Philadelphia, offered the following:—

Resolved, That the permanent secretary transmits to the secretary of every county medical society in the State a copy of these resolutions, with the request that the same be read at an early date to the county medical society.

Carried.

THE VALUE OF PUPILLARY SYMPTOMS IN GENERAL DISEASE—ANALYSIS OF ONE THOUSAND CASES.

BY WILLIAM S. LITTLE, M.D.

THE writer opened his paper by reference to the fact that little was known outside special eye hospitals until a recent period. The first opthalmic hospital was founded by Richter in Göttingen in 1803; one by Sanderson in England in 1808; another in Berlin by Graefe in 1810; one again in London, 1810; in Vienna 1812; in Naples 1815; New York, 1820; in Philadelphia, 1822; in Baltimore, 1824; in Boston, 1825; in Paris, 1832, and the Wills in this city in 1832 also.

The large number of chronic cases of all sorts drew the attention of hospital physicians and surgeons to the complications involving eye troubles, and to the value of careful examination of the eye, especially in nervous disorders. Allbutt states that in thirty cases of acute general cases the eyes showed lesions in .89 per cent. The same is true of the work passing under the hands of such authorities as Gower, of England, and Noyes, of Utica, N. Y.

A large number of those children in the institution for feeble-minded and idiotic cases near Media, in our own State, were found by the lecturer to present lesions of the eye-ground by the opthalmoscope. Kidney diseases were soon found to affect the eye, as also intra-cranial disorders, spinal and cardiac difficulties. Syphilitic, tuberculous, and poisonous defects leave well-defined retinal pictures easily recognized. When diplopia, or loss of accommodation beyond that pertaining to presbyopia, or paralysis of the lids, is found, other means of localizing disease with lesions are at hand. Abnormal action of the iris is a good index

frequently to reflex disease. The ancients recognized eye diseases—the five elements found on exhibition in the eye—and magic was employed to cure them. In the Alexandrian and Roman period the reflection of objects in the pupillary space gave rise to the sonnet:—

"Look into my eyes, my blushing fair,
Thou'lt see thyself reflected there;
As I gaze on thee I'll see
Two little miniatures of me.
Thus in our looks some propagation lies,
For we make babies in each other's eyes!"

The anatomy and physiology of the pupillary movements are now better understood, but certain states following irritation and division of the sympathetic are not yet settled, as the same symptoms are not understood in other parts of the body, such as the bloodvessels, and as the iris is largely composed of such tissue we must suffer from want of certainty in investigating phenomena of this nature. The influence of the trigeminus is also yet in doubt, but that of the oculo-motor nerve is clearly understood.

The movements of the iris are due, in addition to those influences already mentioned, to a reflex centre for light, reaching it through the optic nerve and retina after uniting in the cuticular ganglion. Ganglia are also distributed through the choroid, ciliary body, the vascular tissue, etc., and these excite the iris abnormally only when the tissue is irritated, strained, or hypertrophied from opthalmic defects or constitutional disease. A centre is claimed to exist for bilateral co-ordination located farther back than the centre for each side separately, and the centre for light is said to be situated in the anterior part of the corpora quadrigemina, near the origin of the third nerve.

As an instance of the value of pupillary movement in diagnosis, the following case is given:—

A child, with or without convulsions, which is in a state of coma, whose pupils do not react to sharply pinching the epigastrium, is neither affected with tubercular meningitis nor with hemorrhage into the pia mater. It is in an advanced stage of asphyxia, and its death is imminent.

Lengthy instructions for the precise examination of the pupil were given by the lecturer, and the points of liability to error were carefully defined. The state of the pupil in sleep is important, and has not been to his knowledge properly studied with reference to diseased conditions. The condition of the eye is a good index of the depth of anæsthesia, and is valuable in showing the presence or absence of pain.

A large part of the lecturer's time was devoted to tabular illustrations of the result of his investigations at the asylum at Elwyn, near Media, and the various points were remarkably valuable as indications not to be had otherwise in the treatment of disease in many forms, more particularly as related to the nervous system.

Referred to Committee on Publication.

ALARMING AND DANGEROUS DOSES OF THE MYDRIATICS.

BY EDWARD JACKSON, M.D.

Abstracted for The Medical Bulletin.

DR. JACKSON'S paper was designed to point out the maximum limit of the dose of atropia and other preparations of the mydriatics. Many practitioners come to regard the ordinary dose of atropia—say one-sixtieth of a grain—as nearly as much as it is safe to give to an untried patient. The common symptoms of atropia intoxication are also looked upon as evidence that the patient's life has been endangered by the dose of the drug which has caused them. But that these impressions were not well-founded was shown by an examination of the reports of the many cases in which large doses were taken, and in which the gravest symptoms were developed, but which terminated in recovery.

The paper was based on a study of two hundred and fifty-seven reported cases of mydriatic poisoning, of which but seventeen had terminated fatally. Many of the more remarkable cases, including all that ended in death, were briefly quoted or referred to; among them were twelve which had ended in recovery where the amount of atropia taken at a single dose was from half a grain to two grains and a half.

It was urged that a knowledge of these facts should lead practitioners to use the mydriatics more freely in cases where such use was indicated, and special allusion was made to their use in the treatment of iritis, and that the symptoms of intoxication by atropia were not to be regarded as of any more grave significance than like symptoms produced by the use of

alcohol or ether. That large doses might be used with safety was also shown by the experience of Dr. Fuller, of London, who gave seventy grains daily of the extract of belladonna to a choreic child, and thirty-seven grains of atropia in eighteen days to another, while Dr. Sydney Ringer had repeatedly given a patient one-grain doses of atropia, daturia, and hyoscyamia.

Referred to Committee on Publication.

A FORM OF EPITHELIAL MYCOSIS.

BY ALBERT G. HEYL, M.D.

Abstracted for The Medical Bulletin.

THE disease described in this paper has long been known to ophthalmologists, and has been principally studied by them. In its graver forms the general symptoms are of far more importance than those observed in the eye, as the disease is frequently fatal. It is, therefore, opportune to give an account of some recent researches which have cleared away a great deal of obscurity which invested the subject. This disease has been known under various names: Corneal gangrene, kerato malacia, ophthalmia Braziliana, etc. Graefe described it under the title of corneal ulcer of infantile encephalitis, basing his diagnosis on certain supposed post-mortem evidence of encephalitis, which Jastrowitz, however, has conclusively shown to be simply remnants of the fœtal existence. Leben, of Göttingen, within a few months, in a carefully studied paper, describes a parasite found intravitam in the conjunctival debris, and post-mortem in the epithelium of the renal pelves and in the small intestine. This parasite attacks the epithelial cell, inducing fatty degeneration of its structure; the dead cells accumulate in lamina, giving rise to, in the conjunctiva, of a dry, parchment-like appearance, the so-called xerosis conjunctivalis. The disease is usually ushered in by the symptom of hemeralopia. This condition, which is associated with the xerotic state of the conjunctiva, may last a month or two when corneal ulceration commences. About this time certain general symptoms appear, such as rise in the body temperature, a dry, harsh condition of the skin, the hair on the head becoming thin, brittle, lustreless. Along with this, a peculiar apathetic state is developed; the patient will answer no questions; he eats without discrimination what is placed in his hands. Persistent vomiting and purging frequently occur, and finally broncho-pneumonia sets in, which carries off the patient. All cases do not run precisely this course. Some seem not to get beyond the stage of hemeralopia; in some the corneal ulceration appears later than the inception of the general symptoms. In some the apathetic state is the main symptom. In some constipation exists, instead of purging. Dr. Heyl adduced reasons for considering the epithelial cell as the terminal organ of centripetal nerves. Destroy these in the conjunctiva, and certain impressions of light will fail of being conveyed to their proper centres. A distinction was drawn between those impressions from the outer world which issue into voluntary action and those which issue into involuntary action. Thus, the sensation of light and that impression of light which is followed by reflex closure of the lids are two different things. It is the latter which is absent in this disease, by reason of the destruction of the terminal organs by which it is accomplished. The same rationale may be applied to the skin, which is a vital organ, containing a principal part of the thermic apparatus. The epithelial cells may be looked upon as the receptive organs through which the sweat glands are set in action. Destroy these, and death will follow. The apathetic state, and possibly the broncho-pneumonia, find their explanation in this abrogation of function. In the treatment the careful administration of food is important, and the value of moist heat in the treatment of the eye would seem to indicate as a remedial measure to restore healthy action of the skin.

Referred to Committee on Publication.

AN ELECTRIC LARYNGOSCOPE.

BY CARL SEILER, M.D.

THE Doctor referred to previous efforts at illuminating the cavities of the body by the polyscope, etc., which gave out too much heat, and are therefore useless. Next came Adams's arrangement of a Giessler-tube with a mirror, but the combination failed to work. Edison and others also made unsuccessful lamps—all giving too much heat. My own arrangement consists of the head-mirror, as commonly made, with a six-candle power incandescent lamp upon a bar four inches long, and a condensing lens of short focus. The

wires run to the head band and then to the battery. The battery is such as will give a good current—say six cells of the modified Bunsen, such as you see. The instrument is used as in the ordinary light, and will do for other work besides the throat.

Referred to Committee on Publication.

DOES A CHRONIC DISCHARGE FROM THE EAR MAKE LIFE INSURANCE HAZARDOUS?

IN a short paper Dr. Chas. S. Turnbull, of Philadelphia, calls attention to a point of vital interest to life insurance companies and their medical officers. He describes the too frequently hazardous condition of those making application for life insurance policies, showing that some of these may be accepted as "extra hazardous." An otorrhœa may exist, and be entirely overlooked by experienced examiners, and this affection is, in his opinion, in many cases a much greater source of danger to life than that arising from the physical defect of not hearing. Deafness of a dangerous or hazardous degree cannot be concealed, and is only an element of risk in so far as accident is concerned, while a chronic purulent inflammation of the middle ear, with perhaps some polypoid or necrotic complications, can be concealed, or, on the other hand, overlooked, while it threatens life within a year. One remaining sound ear may do all the work, and the examiner, as well as intimate friends, may never suspect the defect. Total deafness, like total blindness of one side, may exist for years—even a quarter of a century—without the afflicted individual being aware of the fact, and a purulent discharge continue from childhood without causing annoyance, or, indeed, a thought.

He suggests an ocular inspection of the ears, and at times, when of sufficient importance, the employment of an expert, because in his experience he has known of liabilities incurred where even a hasty examination of the ear would have saved the insurance companies thousands of dollars.

He concludes by urging the profession to exercise more care in the treatment of the ear symptoms and complications in the exanthemata, and likewise calls especial attention to the importance of the insurance companies making the examination of the ears compulsory in every case.

As an easy, yet complete method of examination of the ears, he suggests the following, which places the examiner in a secure position, and makes him entirely independent of the statements of the examined, as well as of instruments of precision or reflected light:—

1. Test each ear separately with the watch, the eyes being covered.

2. Inspect by good daylight the auricular region, especially noting condition of mastoid or cicatrices thereabouts.

3. Inspect (nasally, as do the gas-fitters) each auditory meatus.

What the impaired hearing does not suggest, cicatrices from loss of bone, or fistulous orifices over the temporal bone, will point out, while the presence of pus, or what is more significant, a fetor, will settle the question.

A purulent discharge from the ear should always be an objection with insurance companies, and its character and ultimate course as to the future health of an individual, can only be settled by an acknowledged expert, *i. e.*, a man of experience, who can so decide that full justice may be done by the insurers and insured.

Referred to Committee on Publication.

OPHTHALMOLOGICAL OBSERVATIONS.

BY P. D. KEYSER, M.D.

THE Doctor resumed his observations at the point where he left them last year, and he described a cystotome of his design for rupturing and drawing up of the anterior capsule for the removal of a piece of it in the operation for extraction of cataract. He gave his modification of Pagenstecher's operation for removal of pterygium, and also the history of an interesting case of complete paralysis of the sixth pair from injury to the head, causing extreme double convergent strabismus, which was relieved by operation of shortening, and bringing forward the external recti muscles. Four cases of glioma of the retina were narrated, two of which were operated upon by enucleation and the macroscopic and microscopic account of the balls given.

Referred to Committee on Publication.

SURGICAL DELUSIONS.

BY JOHN B. ROBERTS, M.D.

AN ABSTRACT OF HIS ADDRESS IN SURGERY.

THE first point in the address was on anæsthesia. Dr. Roberts strongly condemned the use of chloroform, as it has been conclusively shown to be dangerous. No man's opinion would outweigh the mass of testimony as to the risk of chloroform, as compared with ether. His point was supported by numerous references to good authority on the subject.

Styptics were shown to be dirty, unreliable, and hurtful. Pressure, ligation, or torsion would invariably take their place much better.

Fatality of Small Hemorrhages.—There is much misapprehension about the quantity of blood that a healthy man can lose with impunity. Many who often look with equanimity upon a parturient woman losing a pint of blood from the uterine-sinuses, would be dismayed at a man losing half or quarter that amount during removal of a tumor. While not advocating needless waste of blood, and especially in patients suffering surgical shock, I assert that there is an unnecessary fear of blood spurting from a few insignificant vessels. The largest artery can be controlled by pressure not greater than is used for ringing the electric bell in your hotel. Hence, there is always sufficient power in your fingers to obviate fatal hemorrhage until strings can be obtained and applied.

Danger of Trephining.—Delay in closed fractures was very bad. Exploratory incisions were fully called for, and would often preclude inflammatory complications and compression. The danger arises from the cerebral, and not from the cranial phase of injury. It is better to remove, rather than to avoid depressed splinters.

Delay in Operating for Strangulated Hernia.—The abuse of taxis has done great harm, and this, alternated with ice and other cold applications, could well be dropped for prompt surgical relief. Early operations nearly always succeed in saving life; delay is dangerous. When symptoms of strangulation exist, the slightest fulness at either ring is sufficient to warrant operation.

Operative Delay in Acute Phlegmonous Inflammation.—Evacuation of imprisoned pus in phlegmonous inflammations means instant relief of the agonizing pain; yet how few of the profession early freely incise such inflamed tissues unless they first see the yellow pus under the thinned skin, or feel the fluctuation of the fluid in the abscess cavity. The pain is caused by the effort of the pus and sloughing tissue to escape. Is it not, then, more rational to make a free incision to-day, than to wait till next week? Time and pain are both saved by early incision. If the cut is made before the pus has actually formed, so much the better. Probably no form of abscess needs early and free incision more imperatively than that under the palmar fascia. Destructive burrowing of pus is prevented by this radical procedure, which also saves the patient many days of suffering.

Operative Delay in Malignant Tumors.—Much bad surgery results from a delusive postponement of operative interference in malignant diseases. Instant removal is to be practised in such cases, provided the patient is deemed fit to stand the surgical shock.

Necessary Fatality of Traumatic Tetanus.—That traumatic tetanus is of necessity fatal is a commonly held opinion. Proper treatment is sometimes neglected because of this belief in its hopelessness. That the prognosis is extremely unfavorable, I admit, but that cases of a severe type recover, is undoubted. Chloral hydrate in full doses has given the best results; but I do not purpose speaking of therapeutics at this time. I merely wish to impress upon the profession the fact that a fair number of cases of traumatic tetanus recover.

Fatality of Pericardial and Cardiac Wounds.—The prevalent notion of the excessive danger of these wounds is delusional; at least in as far as it teaches that these structures will not brook surgical interference. The pericardial sac should be dealt with exactly as the pleural sac, by aspiration, incision, irrigation, and drainage, according to the lesion. That simple puncture or aspiration of the heart itself is not accompanied by the expected risk to life has been pretty well shown, though I am not prepared to recommend its general adoption for trivial cardiac conditions.

Symmetry of Normal Limbs.—Another delusion still existing in many minds is that the lower extremities are usually of the same length. Clinical and anatomical investigation show that asymmetry in the length of normal limbs is of common occurrence. Therefore measurements of the legs in cases of fracture are of little value, since it is impossible to know whether it is the femur of a long or a short leg that is the seat of injury.

Uselessness of Treating Vicious Union of Fractures.—It is a fact not sufficiently appreciated that many cases of deformity from imperfectly treated fractures of long bones can be remedied by refracture. Over and over again have I seen cases of grave disability and deformity cured by the application of sufficient force to break the callus uniting the misplaced fragments. Five or six months is not too late to resort to this expedient for correcting what otherwise must be a life-long evidence of defective surgical attendance.

There are many other prevalent surgical delusions, such as: That bony union of transverse fractures of the patella and intracapsular fractures of the femoral neck cannot take place; that chronic purulent discharges from the ear do not need active treatment; that hypermetropia and hypermetropic astigmatism can be properly estimated and corrected without paralyzing the accommodation; that it is improper to perforate the nasal septum in cases of great deviation; that crooked noses are not amenable to treatment; that corneal operations and cataract extractions should be treated by cotton padding and bandages to the eyes; that fractures should be treated with carved or manufactured splints.

While an earnest advocate of conservative and of reparative surgery, I believe that when operative surgery is demanded it should be aggressive. Delay, indecision, and inefficiency impair the value of much surgical work, and are often the legitimate result of a superstitious faith in delusive surgical dogmas.

Referred to Committee on Publication.

Dr. A. B. Mott, of New York, was invited to a seat on the platform.

TREATMENT OF PURULENT PLEURAL AFFECTIONS.

BY DRS. E. L. BRUEN AND J. WM. WHITE.

THE paper is based upon thirteen cases of empyema treated since 1877 in the Philadelphia Hospital and in that of the University of Pennsylvania. These have been selected from a number, because their history has been followed closely throughout. A brief synopsis of the causes of empyema was then given, and examples cited of purulent collections which had accumulated within thirty-six hours. In serous effusions, whether undisturbed or treated by paracentisis, the predisposing causes of empyema were considered to be lowered vitality, scrofulous constitution, and intercurrent disease. The terminations of empyema and the effects of pleural effusion upon the lung were next dealt with. In regard to the diagnosis, the crucial test is by puncture, by a large hypodermic needle, for large collections of pus may persist in the chest with an abnormal temperature, yet without the range characteristic of pus.

Indications for treatment were then considered. Allusion was made to the healing process in empyema, through the medium of adhesion of the inflamed pleural surfaces. Every movement of the chest parieties drags the surface of the lung with it. When the fluid is evacuated or absorbed the character of the respiratory movements is improved, and they diminish in frequency as well as in shallowness. The lung being non-adherent, is dragged by the ribs in all their increasing movements, and as the lung expands the adhesion to the chest wall increases. Each fresh expansion of the lung results in further adhesion to the costal surface, which then acquires more power over the lung to promote its return to the normal state. This idea was further developed to show that the air in the pleural cavity does not seriously oppose the healing process in empyema.

The point recommended for puncture is in the right side on the seventh intercostal space, and in a line with the posterior border of the axilla. On the left it should be one space lower and on the same line. The seventh rib is the lowest attached directly to the sternum, so by tracing it outward the upper boundary of one of the spaces recommended for puncture is found, and the lower boundary of the other.

The method of introduction of a drainage tube and dressings was noticed, as also the plan adopted in the resection of the ribs. A case in which the writer had performed this operation was reported, and the portions of ribs removed shown. The following conclusions were formulated:—

1st. Those cases of pleural effusion which are most likely to become purulent, and therefore to require operative treatment, are those occurring in persons of lowered vitality, scrofulous diathesis, or who suffer from intercurrent disease.

2d. The diagnosis of empyema can only be made with absolute certainty by puncture and

inspection of the fluid. This method of examination need not be delayed for fear of favoring the purulent transformation of a serous fluid, if proper aseptic precautions are observed.

3d. In young children one or two aspirations will often suffice for a cure. If these fail incision of the chest, without the introduction of a drainage tube, is often all that is requisite.

4th. In older children and in adults it is proper to aspirate once, but recovery not resulting promptly a large drainage tube should be inserted at the most dependent point.

5th. If after this drainage is still imperfect, as shown by the fetid character of the discharge, a second opening should be made, and a tube carried directly across the base of the cavity.

6th. If, after a suitable delay (from two to four months), there is no disposition to permanent closure of the suppurating cavity, but if the lung has expanded sufficiently to indicate that it is capable of further descent, it would then be proper to facilitate its expansion and the obliteration of the cavity by removing certain portions of the ribs of the affected side.

7th. If thorough drainage is accomplished the use of disinfectants by intra-thoracic injections is rendered unnecessary, unless a stimulant to the granulating surface is required.

8th. In cases in which the lung is at the bottom of the chest and bound fast to the diaphragm, or in which it has been so atrophied prior to aspiration that there is no possibility of reinflation, or in which it is occupied by a tuberculous or an inflammatory infiltration, this operation is contra-indicated.

Referred to Committee on Publication.

Dr. C. B. Nancrede, of Philadelphia, read a paper on the "Bi-chloride of Mercury as a Surgical Dressing."

The Doctor stated that the principal part of his paper would consist of a narration of his personal experience with bichloride of mercury in surgical practice. Surgeons have for a long time been trying to find some way of lessening the mortality, not only of the major operations, but also of the minor operations.

The mortality of all operations has been greatly reduced by the introduction of Listerism. This led to greater cleanliness in treating surgical cases, but still a certain proportion of deaths from septic poisoning is attributable to the personal condition. If every wound could be made to unite by immediate union, this septic infection would be done away with altogether. In order to secure this accurate coaptation is the first indication. If this is secured, the only thing likely to cause displacement is the formation of secretion; the second indication is therefore to secure free drainage. The third indication is to remove the inflammatory products as soon as they have been secreted.

The Doctor illustrated the effects of the different modes of treatment by giving statistics showing the results obtained under these methods in the treatment of compound fractures. McEwen operated on 330 cases, producing 385 compound fractures. In only one case was secondary amputation required, and this was necessitated on account of gangrene produced by the bandage. Of the whole number only three died. One of these had ten compound fractures, and in another death was due to pneumonia contracted before the operation. Lister reports 1226 compound fractures; 19 of these required secondary amputation, and 5 secondary excision; 3, or 72 per cent., died. The ordinary mortality is about 22 per cent. In regard to operations on the serous cavities, the use of these improved methods had shown that many of the deaths formerly attributed to shock were in reality due to rapid septic poisoning.

The objection may be made that Tait and others who do not use antiseptics have as good results as those who do. Their results are due to preventing the ingress of infecting matters; the removal of all fluids from the abdominal cavity. They do away with the necessity of drainage by leaving nothing to be absorbed. It by no means follows that the general surgeon can obtain the same results with his surrounding circumstances. What is claimed is that with antiseptic and aseptic measures the surgeon can under the most adverse circumstances secure the same results that Tait and others secure under the most favorable surroundings.

The only criticisms to be made against antiseptic surgery is the careful detail which is required, the fact that carbolized oil deteriorates by keeping, and that occasionally carbolic acid poisoning is produced. The Doctor stated his belief that the lessened mortality was almost entirely due to Listerism. By this he did not mean the Listerian dressing, but to the principles of wound treatment advocated by Lister. The statement that these dressings increased the expense could be shown to be fallacious, but

even if it was correct, expense was not to be put in the balance against human life.

Corrosive sublimate has been demonstrated to be the most reliable germicide. One part in 4000 is efficient, while one part in 1000 is the strongest solution which it is ever necessary to use. The dressing should consist of some material capable of absorbing the solution of the bi-chloride of mercury. The speaker had employed for this purpose coal and sawdust, and sand sewed in bags composed of material which had been rendered hygroscopic by being boiled in a solution of caustic potash. Gauze is also a useful material. The sublimate dressings can be employed anywhere, and are not expensive. In reference to poisoning it was stated that occasionally a local erythema of the skin was produced, and sometimes in peculiarly susceptible individuals, after the prolonged use of the dressing, constitutional effects might appear. These were always relieved by suspending the dressing for a few days.

The Doctor then gave a brief *résumé* of his method of using bi-chloride of mercury. The part is first perfectly cleaned, and then washed with a solution of two parts of turpentine to fourteen parts of alcohol. The sponges are carefully cleansed and kept in an antiseptic solution. Before the operation they are placed in a 1 to 1000 solution of corrosive sublimate. The instruments are placed in a carbolic acid solution, because corrosive sublimate attacks the steel. Hemorrhage is checked with antiseptic ligatures. One or two large drainage tubes are inserted to provide drainage; the wound is brought together with catgut or silver wire sutures. The part is then syringed with the sublimate solution, and the surface dried. Compresses rung out of the solution are next applied and held in position by gauze bandages which have been soaked in the same solution. Outside of this pads, rendered antiseptic in the same way, are placed. As the corrosive sublimate is not irritating, there usually is but little serous oozing, and as long as there is no decided rise in temperature, and the patient complains of no pain, the dressing may be left in position. Sometimes it may be left as long as eight days. Sometimes the discharge has the odor of glue on the outer surface of the bandages, but examination will generally show that the inner layers of the bandage have no odor. The dressing may be removed and applied as in the first place.

Dr. Weir has given some statistics comparing the results of different methods of dressing. Under the old plans of dressing the mortality after compound fractures in certain hospitals of New York was 33 per cent. In the old New York Hospital it was 60 per cent., and in the Boston Hospital 41 per cent. Under the open treatment, with counter-openings where necessary, the mortality was 26 per cent., and while under antiseptic dressings he had 118 cases with only eight deaths, in the first 70 cases not a single death occurred. He afterwards had a series of twelve cases without a death.

Billroth, with the ordinary dressings, had a mortality of 29.5 per cent., and with strict antiseptic precautions, a mortality of 5.7 per cent. In regard to amputations, Dr. Weir reports a series of 35 without a single death.

Dr. Nancrede then referred to his own experience with corrosive sublimate. He had been using it for three months in a hospital in which there was at times as many as 87 surgical patients. So far its results had been more favorable than under any other form of dressing. He then mentioned among some of the cases which had been treated in this way: A case of re-opening of phlegmonous abscess in connection with a recent fracture of the thigh, the patient recovering without any rise in temperature; a compound comminuted fracture, in which the limb had been condemned to amputation—the limb was saved; a resection of the humerus for ununited fracture, the temperature not going above 99.5, and the patient being out of bed on the third day—recovery; an excision of the shoulder-joint, with no fever after the first day, the patient being well in ten days; a compound fracture of the femur with a good recovery; two trephining cases, one recovering and the other dying; and nine amputations, with two deaths, both from shock.

The Doctor concluded with the statement that in his estimation corrosive sublimate dressing was the best modification of the Listerian dressing.

The Judicial Council reported as follows:—

In the case of the appeal of Dr. Cotton from the decision of the Censors of the Tenth District, both parties have been heard and the papers submitted considered.

It was decided that the notice of the special meeting convened at Townsville on November 6, 1880, was not adequate, and that it failed to state by what authority or for what purpose it

was called. It was decided that the published transactions of the State Society must be accepted as authentic in all appointments. Therefore,

Resolved, That the case be re-committed to the Censors of the Tenth District, with instructions that they return it to the Crawford County Medical Society for their early action.

The President announced the following as members of Dr.. Jackson's Committee of Inquiry: Drs. Edward Jackson, Delaware County; Traill Green, Northampton; William Varian, Crawford; J. M. Deaver, Philadelphia; H. Leffman, Philadelphia; —— Gates, Luzerne, and F. Woodbury, Philadelphia.

The Committee on Publication then presented the following report:—

The committee appointed to take action upon the report of the Committee of Publication and amendments of the same, report:—

All papers read or appointed to be read before this society become thereby the exclusive property of the society, and the author has no right to publish, or cause to be published, the paper, or any part of the same, without the consent of the society; and that the Committee of Publication shall not be at liberty to publish any paper that has been published in violation of the above requirement.

Resolved, That the Medical Society of the State of Pennsylvania looks with great disfavor upon the making use of the organization as an advertising medium, and holds such practice as contemptible, and a flagrant violation of the spirit of the Code of Medical Ethics.

TRAILL GREEN, E. A. WOOD,
J. L. STEWART, J. PURSELL.
O. H. ALLIS,

Dr. Ulrich, of Delaware County, moved that the report be accepted and the committee discharged.

Dr. John B. Roberts, of Philadelphia, desired to speak in opposition to the resolution. It was one of the most important matters brought before the present session. If the resolution was adopted the Medical Society of the State of Pennsylvania was going to have the poorest papers that could be prepared by its members. No man was going to write a good paper and have it lay away for from three to eight months before being printed, and then in a form which would obtain but a limited circulation.

Dr. Ulrich raised the point of order that this motion was simply to accept the report of the committee, and not to adopt the resolution.

The President decided that the report was accepted when it was read, and that the question was on the adoption of the report.

A motion to postpone the consideration of the matter until two o'clock in the afternoon was put and lost.

Dr. Roberts continued. I have had a good deal of experience in this matter of transactions. I know what has happened in other societies. The College of Physicians for many years had a plan similar to the one proposed in this report. The papers had a very limited circulation, and as a consequence they had very few papers to publish. When, however, the transactions were thrown open to the journals, they had any number of papers. The American Surgical Association, at its recent meeting, had most excellent papers, because the members knew that they could publish their papers where they pleased, and that they would not be embalmed in the memorial volume of the association. I feel compelled to say that the papers read at this meeting have been poor. Few editors of the medical journals would have accepted them.

A motion to lay the motion to adopt the report on the table was made.

Dr. E. A. Wood, of Allegheny. If that motion is made with the intention of shutting off discussion, I hope that the gentleman will withdraw it. In regard to Dr. Roberts's criticism on the papers read, I would remind him that these papers were brought here under the old plan. I see in a medical periodical, which has been largely distributed in this hall, that there is a statement, made presumably by the editor, and I hope that this discussion will be extended long enough to convince him that he should have written the article in a different spirit.

The adoption of this resolution will not prevent these papers from being published in abstract, or even in full by the press, if they choose to take them. When a member is assigned to prepare a paper to this society, he does that work for the society, and when it is read it becomes the exclusive property of the society.

The President reminded the gentleman that the motion before the society was in reference to laying the matter on the table, from which it could be taken whenever the society desired.

The motion to lay on the table was carried. The society then adjourned.

AFTERNOON SESSION.

The meeting was called to order at 2.30 P.M.

Dr. De Forrest Willard read a paper on

CLUB-FOOT—IS TARSOTOMY NECESSARY IN CHILDREN?

AN extreme case of congenital double equino-varus was narrated, and the operative procedures noted. The ankle joint was found in a day or two to be opened, and amputation was expected. Placing the foot first in a plaster dressing, next in the author's shoe, with massage, and stretching, resulted in permitting the patient to walk on both feet normally. Statistics were given of such cases in English, French, and German authorities. The methods of performing tarsotomy were described.

Manual pressure will not, in the hands of practical surgeons, inflict dangerous injury, and in extreme cases is justifiable, as it does not leave an open wound, as does tarsotomy. The conclusions drawn from the paper were :—

1. Subcutaneous division of tendons and manual force will restore proper position, unless the bones are badly deformed.

2. Cases are not incurable if tarsotomy has already been performed, as subsequent treatment may have been neglected.

3. Fixation is best attained by gypsum at first, next by encouraging muscular action by proper apparatus.

4. Tarsotomy should be done only in extreme cases, and antiseptically.

Dr. Isaac Quinby, of Jersey City. I fully corroborate Dr. Willard in reference to the practice of stretching. In 1870 I read a paper before the American Medical Association at Washington, in which I took up this subject of stretching by means of adhesive strips. I use the rubber plaster altogether. I assert most confidently that tenotomy in any form of talipes, will never be required if the stretching process is begun at birth. I have cured hundreds of cases without a single tenotomy, and I have cured them quicker than those who first perform tenotomy and then use some restraining apparatus.

Dr. Benj. Lee, of Philadelphia. I agree with the writer of the paper in reference to the non-necessity of tarsotomy in talipes. The cases in which tarsotomy has been recommended are not those to which the gentleman from New Jersey has alluded. It is not cases which come under treatment at birth, but where the trouble has lasted for from six to ten years, when the tissues have apparently become changed in their relations. I treat cases in precisely the manner recommended by the lecturer, that is, by manual force, overcoming the contraction and restoring the bones to their proper shape and position. I reported a case of that kind to the American Medical Association twelve years ago.

I wish to refer to a paper which was read before the American Medical Association last week on the immediate treatment of these cases, by powerful traction, by Dr. Bradford, of Boston. An instrument was exhibited by means of which he claimed that he was able in a few minutes to overcome the deformity of any case of talipes, however severe. The apparatus consisted of a metal plate to which were attached screws, these screws acting upon pads, which pressed against the foot in a direction opposite to the deformity. During the operation the patient was under chloroform. He asserted that he was able in a few minutes to reduce the deformity of almost any case of talipes, and entirely avoid the operation of tarsotomy. This plan and the experience of Dr. Willard are quite sufficient to show that tarsotomy is not called for except in certain very exceptional cases.

Referred to Committee on Publication.

CHRONIC ARTICULAR OSTEITIS OF THE KNEE-JOINT.

BY SYDNEY ROBERTS, M.D.

THE Doctor stated that he had chosen this term as the one best expressing the pathological state found in those lesions of the knee-joint which have usually been described as "Tumor Albus."

The main feature of his paper was to bring to the notice of the profession a splint designed for the treatment of chronic articular osteitis of the knee-joint ; but before taking up the description of his apparatus, the Doctor gave a brief review of the etiology and pathology of this affection. In his opinion the two structures which were responsible for chronic arthritis, were the cancellous structure of the epiphyses and the synovial membrane. Frequently these two unite in the causation of the disease. He described the different varieties, and referred to the symptoms produced. These affections are among the most difficult to treat. To meet the recognized principles of treatment, that is, fixation of the joint and extension, he had devised a splint, which he exhibited and described. It consists of two

light, steel-padded troughs, that are firmly secured to the limb by encircling bands of surgical webbing. Three ratchet extension bars, arranged in the form of a triangle, are placed posteriorly, corresponding to the long axis of the limb, and placing within the control of the surgeon a power which will overcome the flexion and tendency to deformity, and at the same time produce extension. One extension rod acts directly upon the head of the tibia and parallel with the line of contraction of the flexor muscles. This obviates the errors of Stromeyer's and other splints in which the power is applied low down on the tibia to overcome the flexion. A second extension rod is used simply as a compensating bar, adjusting the angle of the splint to the angle of flexion of the limb. A third bar is added to aid in steadying the joint, and in relieving interarticular pressure. Its action upon the limb is effected through adhesive plaster applied above and below the joint. The extension bars are controlled by a key and ratchet movement.

This method enables the patient to enjoy, by means of crutches, all the hygienic advantages of open air and exercise, facilitating thereby a better result than would otherwise be obtained.

Referred to Committee on Publication.

DR. JANNEY reported a case of unusual displacement of the trachea by a tumor, with tracheotomy tube inserted two inches to the left of the median line of the neck.

A. T. was admitted to the surgical department of the Philadelphia Hospital December 8, 1883. He is 40 years of age. His father died of apoplexy at the age of 46. He is of medium height, weighs 150 pounds; was always temperate, and never suffered from sickness until October of last year.

The first symptom was a sudden loss of voice. This was at first slight, but gradually increased. When admitted to the hospital he was capable of only a hoarse whisper. At about the same time he began to have a sharp cutting pain that shot down from the ears, along the neck. It disappeared at times. It was attributed to drinking ice water freely, and bathing his face with it while perspiring. The pain grew worse, until it became so severe as to prevent sleep. Three or four weeks later the neck began to swell on the right side. With this came dyspnœa and emaciation. He grew weaker, and was unable to work. His food often choked him. The swelling was firm and hard to the touch. It afterwards softened, and was opened in the median line by a medical attendant outside two weeks before admission. The discharge was not free, but relief was afforded from the pain. The symptoms reached their acme three weeks after admission. He suffered from paroxysms of dyspnœa. He was unable to swallow anything but liquids. Tracheotomy was advised and consented to. The operation was performed on January 27th. The usual incision was made in the median line. When the sterno-hyoid muscles were separated the enlarged half of the thyroid body was found occupying the median line of the neck. Dissection backwards in the median line as far back as the vertebræ failed to reveal the trachea. An incision was then made, commencing at the lower end of the median incision, extending transversely to the left as far as the anterior border of the sterno-cleido-mastoid muscle. A flap was dissected off, the deep fascia divided, and the dissection carried backwards and outwards beneath the posterior surface of the muscle for a distance of two inches, where the trachea was found, being deflected from the median line fully two inches to the left, and backwards two inches. An incision was made into the trachea and a circular disc removed and a tracheotomy tube inserted. This gave instant relief from the dyspnœa. The patient was not under the influence of anæsthetics during the operation.

During the first week some coarse râles could be heard over the chest. The temperature never went over 101.4° F. During the first ten days there was serious diarrhœa. This was arrested, and his general health at once began to improve. In the mean time the tumor began to enlarge, the skin reddened and the temperature rose two or three degrees. A laryngoscopic examination was attempted, but could not be made. Ten days after the tracheotomy tube was inserted, an incision was made over the tumor and a large number of enlarged and softened lymphatic glands were removed. This operation was repeated at intervals until nearly all the tumor was removed from the right side of the neck. On March 13th he had an arterial hemorrhage from the pharynx. This amounted to a quart. The following day about two drachms escaped. Since this time he has steadily improved in general health. He has considerable difficulty in swallowing the milk passing from the pharynx through the external openings in the neck. He cannot breathe through the larynx. The tube has passed inwards fully one inch towards the median line since its introduction.

Referred to Committee on Publication.

On motion of Dr. Ulrich, the report of the Committee on Publication was taken from the table.

Dr. E. A. Wood. I do not wish to take a prominent part in the discussion. I only arose this morning to save the paper from being buried. I should like to briefly give my reasons why this

resolution should be enacted. I think that the duties of the Committee of Publication should be made as light as possible. If these resolutions are adopted the society will assume the responsibility of saying that all papers read before it belongs to it.

I should like to call attention to an editorial in THE MEDICAL BULLETIN, which charges those who favor this resolution with being reformers. I know that the term reformer has come to have a bad meaning, and I despise the term. I ask you, in all candor, that if a member is appointed to read a paper whether he is not appointed to read it for the society and not for himself, and if this is so, can it be necessary to add that the society has the exclusive ownership of the paper?

The article referred to also says: "Medicine, as a science, is public property, and if anything regarding it is republished in a public newspaper, it is certainly not theft nor a misdemeanor, and cannot be prosecuted or prevented." We see how flimsy are the arguments raised. We cannot proscribe the publication of any paper. As far as the press is concerned, we do not wish to be misrepresented. This resolution does not interfere with the report of the proceedings. The newspapers can publish full reports if they choose to take notes of it. Further on the article says: "Control and censorship of medical literature as has been attempted, are means simply to put a few men in control of our literary work, who shall say which is good and which is not." This article may have been written under a misunderstanding. The resolution does not take any privilege from the writer of the paper. In regard to the papers not being up to the standard, I think that if we cannot obtain the work of the best medical men in the State we had better disband. I see nothing wrong in this report.

Dr. O. H. Allis, Philadelphia. There is one clause to which I desire to refer; that is that an author shall not publish any portion of his paper "without the consent of the society." The society wishes to have it understood that the papers are its property, and if any one wants to publish his paper, let him ask the consent of the society.

Dr. Jackson. The question to be considered is the probable effect of the adoption of this resolution on the welfare of this society. It is distinctly declared that the papers coming before this society can be published only after going through a certain form. The motion of reference to the Committee of Publication is a form that we have gone through with every day. I presume that originally this motion was intended to distinguish between papers worthy of publication and those unworthy of publication. Is there any one who supposes that it does so now? If we adopt the resolution before the meeting one of two things will almost certainly occur. Either it will be a dead letter, or we shall at the close of each paper give the consent to its publication just as we pass the motion of reference. A better plan of securing good papers seems to me not to have such a full programme, but to give an opportunity for discussing the papers read. Two of the papers before this society are already promised to the journals. Many of the other papers will be published in extended abstracts in the leading medical journals. By pursuing this course the authors of the papers will at once bring them before competent judges of their value, and they will accomplish more good than would have been done by having them placed in the Transactions. The gentlemen in so doing have been actuated by worthy motives. I cannot consent to the adoption of this resolution.

Dr. Bishop. I think that there should be no question as to the adoption of this resolution, provided that instead of restricting the action to the society it be given to the Committee of Publication or some other committee. It might be that the author would wish to publish his paper during the recess of the session. He would have to wait until the society had re-assembled before obtaining permission. I think that it should be in the hands of the Committee on Publication. I would suggest that the Committee of Arrangements make the next programme less full, in order that there may be time for discussions.

Dr. Traill Green, of Easton. I know that there is a great deal of misunderstanding about this matter. Your committee considered that in this, as in all other deliberative bodies, the papers read before it belong to the body. If that is not so I wish some one would tell me. I did not feel very good this morning when our report was laid on the table. I do not like to have a man move to lay an important matter on the table simply because he is hungry and wants to go to his dinner. If the matter must be postponed, postpone it to a certain time. I am opposed to putting anything on the table unless it is so worthless that it ought to be put under the table. As a member of that committee, I can say that it is not pleasant to be sent away and then come back to be treated in this way.

The President. When a motion is laid on the table, it is simply for future consideration. It is not indefinitely postponed.

Dr. Green. So it is understood by all men who are liberal, but with many it is sticking the matter out of the way, where it will never be gotten at again.

Dr. George Strawbridge, Philadelphia. This is an important matter. I think that the papers should be the property of the society, but I can see no reason why the Publication Committee should not publish an abstract of the papers. I would offer the following:—

Resolved, that the chairman of the Committee

on Publication be authorized to publish abstracts of the papers read at the meetings of the Medical Society of the State of Pennsylvania, the same not to interfere with the regular authorized yearly publications.

Dr. Walker, Philadelphia. I would offer as an amendment to that that the authors of papers be instructed to furnish abstracts to the chairman of the Committee on Publication.

Dr. John Roberts. The question is not in reference to the publication of papers in newspapers, but in reputable medical journals. If a man publishes his paper in a newspaper, the society can turn him out.

Dr. Strawbridge. The reason that I did not embody Dr. Walker's amendment in my resolution was that if the chairman of the Publication Committee makes the abstracts we shall know where the censure belongs if they are not properly prepared.

Dr. Walker. I make the amendment because the author of a paper knows best what is in his paper. If Dr. Strawbridge writes an elaborate paper on the eye, the chairman of the Publication Committee may or may not be familiar with the subject, but under any circumstances he cannot make as good an abstract as Dr. S.

Dr. Walker's amendment to the amendment was put and lost.

The question being on the adoption of Dr. Strawbridge's amendment, it was adopted.

Dr. Leffman thought that the proceedings should be published in the journals, so that they would at once reach all physicians. A large number of the Transactions never reached the members. They are too bulky, and the matter which they contained is old.

Dr. Shakespeare, Philadelphia. I oppose the adoption of the report, on the grounds stated by Dr. Leffman and Dr. Roberts. I imagine that the chief object of this report is to prevent the appearance of the abstracts of the papers brought before this society in the daily journals and newspapers. I do not think that this object will be gained by the motion before the society. One of the objects of a medical society is to disseminate knowledge. As it has already been well expressed, a paper printed in our Transactions is practically buried.

Dr. Allis read a few lines which had been handed to him, stating that the London Society prepared abstracts under the supervision of the Committee on Publication, and these were furnished to the papers on the night of the reading of the paper.

Dr. Benj. Lee. As a member of the committee, I wish to say a word. Before the first meeting of this committee it was learned that some of the papers had appeared in full in the medical journals. We decided to cut off these papers from publication in the Transactions, but at a subsequent meeting this was reversed, but the resolution which was presented on Wednesday was adopted.

The resolution as amended was adopted.

The second resolution proposed by the Committee on Publication was then voted on and adopted.

Dr. Jackson. On Wednesday morning the chairman of the Committee to Collect Statistics on Medicine made a report embodying certain recommendations. I move that $100 of the funds of the society be appropriated to carry into effect the suggestions of this report, and that the other committees, as they have made no report, be discharged. Carried.

The committee to secure the organization of a State Board of Health made a report recommending that the President of the society appoint at his leisure one member from each county of the State. The members to be empowered to appoint a suitable number from whom delegates to form a State Board of Health should be selected, and that every method should be adopted for bringing the importance of this matter prominently before the people. The report was signed by Dr. E. A. Wood and Dr. Pollock.

Adopted.

CHANGE OF TIME OF MEETING.

In order to prevent interference with the meeting of the American Medical Association, the time of meeting of the State Society was changed to the last Wednesday of May, 1885.

Dr. Benj. Lee requested that the Committee of Vivisection be allowed to print and distribute their report in full in advance of its publication in the Transactions. Granted.

Dr. DeForrest Willard, of the committee appointed to examine the case of hip disease presented by Dr. Lee, reported that he had examined the man and found both limbs of the same length; that extension was perfect without movement of the pelvis; that flexion and rotation beyond a right angle and rotation were impaired; that the man walked with great ease, and that there was no induration about the joint.

A telegram was received from Dr. Atlee, thanking the society for their message of condolence, and expressing his regret at his inability to be present.

On motion of Dr. Lee, the Permanent Secretary was authorized to employ such clerical aid as might be required in the preparation of the abstracts of the papers presented.

The President announced the following appointments for the addresses of 1885:—

Surgery, E. A. Wood, Allegheny; Obstetrics, C. A. Rahter, Dauphin; Hygiene, J. J. Richardson, Philadelphia; Mental Disorders, N. Shultz; Practice of Medicine, E. T. Bruen, Philadelphia; Otology, C. S. Turnbull, Philadelphia.

Bills to the amount of $285.69 were presented and ordered paid, and all further bills that might be presented were ordered paid.

A report from the Philadelphia County Medical Society was received stating that the Committee on Medical Examinations had sent schedules of the requirements to the three medical colleges of Philadelphia, viz., the Jefferson Medical College, the University of Pennsylvania, and the Chirurgical College, requesting that they be posted in a conspicuous position. The last named college was the only one that acknowledged the receipt of the schedule.

The report was ordered to be inserted in the minutes.

Dr. L. Turnbull presented resolutions in reference to the death of Dr. S. D. Gross, and as heartily endorsing the resolution of the Alumni Association of the Jefferson Medical College that an enduring monument in marble, or bronze, be erected in Fairmount Park to perpetuate his memory, and that a committee of five be appointed to act with the Alumni Association to devise the best method of carrying out this project.

That the foregoing resolutions be endorsed by the President and Permanent Secretary of the society, and transmitted to the family of the deceased, and that copies be published in the medical journals of Philadelphia and New York and the journal of the American Medical Association.

Adopted.

Dr. Leffman moved that a page be set apart in the coming volume of the Transactions on which these resolutions be printed, and that the page be known as "The Gross Memorial Page."

Adopted.

Dr. O. H. Allis offered several amendments to the Constitution looking to the establishment of a Library to be known as The Library of the Medical Society of the State of Pennsylvania, and providing for the election of a librarian.

Another amendment, providing that opportunity for debate be furnished immediately after the reading of each paper or address, was read.

In accordance with the rules, these amendments were laid over until the next session.

The President then said, the time has arrived when I retire from the duties conferred on me at the last session, and I must express my high sense of the obligation conferred upon me and of the assistance which I have received from the society in the discharge of the duties of the chair. This meeting has been unusually large, four hundred and ninety delegates having been registered, which is twice as many as has ever been present at a previous meeting.

I now introduce my successor, Dr. E. A. Allen, and transfer to him this badge of office, the property of the State Society.

Dr. Allen then took the chair and said :—

Members of the Medical Society of the State of Pennsylvania. It gives me great pleasure, and I feel myself highly honored by being elected to so distinguished a position as to occupy the chair that has been just vacated by the distinguished physician from Philadelphia. I also feel honored that I occupy the position which has been held by so many distinguished men, and I feel that it is a greater honor to have been elected in this city which has been the cradle and nursery of medical literature and medical education. The question has been often brought up of improvement of medical education. In looking back over a period of forty years, I can see great improvements, and I feel that there is hope that still further improvement will take place. From what I learn, the colleges of Philadelphia have done their work well.

Gentlemen, I hope that at the next meeting a goodly number of those here present will be assembled.

Dr. Leffman moved that the binding of the next volume of the Transactions be left to the discretion of the Committee on Publication.

Adopted.

After passing votes of thanks to Rev. Dr. McIntosh, the retiring President, and the officers of the Society, the County Medical Society, and the other persons who had so handsomely entertained the members, the society adjourned to meet in Scranton on the last Wednesday of May, 1885.

AMERICAN MEDICAL ASSOCIATION.

WASHINGTON, MAY 6TH.

THE American Medical Association convened in annual session this morning in the Congregational Church, over 500 members being present. Dr. Garnett called the association to order, and Rev. W. A. Leonard, the rector of St. John's Church, of that city, opened the exercises with prayer.

Dr. Garnett then introduced the President of the association, Dr. Austin Flint.

An address of welcome to the members of the association was delivered by Dr. Garnett, after which a report of the Executive Committee was read, setting forth the arrangements made for the reception and entertainment of the delegates.

Dr. Austin Flint, President of the association, then delivered his annual address, in which, after reviewing the history of the association, he dwelt particularly upon the advance which was constantly being made in medical knowledge.

He suggested that a committee on education be appointed to confer with the faculties of

schools and colleges, in order to secure uniformity in the standard of requirements for matriculation and graduation; also that the title of M.D. be made simply honorary, and that it should not entitle a person to practice. Dr. Flint further recommended that a resolution be adopted specifying with more precision the grounds for refusing co-operation with irregular practitioners.

In concluding, the President paid a tribute to the service of Dr. S. D. Gross, of Philadelphia, an ex-president of the association.

After announcement of the meetings of the State delegations the association adjourned until to-morrow morning.

In the evening the members of the association, with their wives and other ladies of their families, were given an official reception at the White House.

MAY 7TH.

Dr. Austin Flint, of New York, the President, delivered a graceful eulogium on the late lamented ex-president, Samuel D. Gross, M.D., D.C.L., LL. D., etc., of Philadelphia, and a committee was appointed to draft a suitable memorial minute. To act as a committee on invitation to the International Medical Congress, to meet here in 1887, the following were selected: Drs. J. I. Billings, of Washington; L. A. Sayre, of New York; R. Filtz, of Boston; I. Minis Hays, of Philadelphia; J. R. Campbell, of Georgia. Through Dr. Bell a report was made on the medical and sanitary service of ocean steamers covering a bill to be offered in Congress by General Henry W. Slocum, providing for the employment on each vessel of a surgeon for each 500 passengers, with hospital compartments for males and females respectively under his charge, subject to the captain's orders.

Dr. John V. Shoemaker, of Philadelphia, read an address on "Practical Medicine."

He first alluded to the now quite generally accepted theory of Koch that phthisis is the result of the action of an infinitesimal bacillus, the parasite having been seen in the sputa and even in the breath of consumptives. He reviewed the opposition to the bacterian idea by Dr. Formad, of Philadelphia, and other eminent entiologists, and then cited the discoveries of micocroccus of pneumonia and the presence of other bacteria in other diseases.

The Doctor made extensive reference to the progress of neurology, and knowledge gained as to cholera, yellow fever, the use of new remedies in disease, many of which he mentioned with reference to original experiments and investigations of his own. He also deemed it necessary to refer to the matter of American pork, and he said that trichinosis is with us a very rare disease, indeed, in comparison to its frequent occurrence in Continental Europe. In spite of the prohibitive edict against our pork in Germany, quite an endemic of trichinosis has prevailed there of late. As there have been isolated cases reported with us, he would refrain from any attempt at defense, but would simply remark that the mortality from trichinonis in this country, in comparison with Germany, would lead us most certainly to discriminate in favor of our product to that of the foreign, even if we do not attribute our comparative immunity to the more civilized manner in which we partake of it than the semi-barbarous fashion of eating it uncooked. French physicians, in the Academy of Medicine, Paris, have already given their opinion that American pork is not as dangerous as the trichiniphobist would have us believe, and recommend that the prohibition to its importation be removed. Treating of antiseptic inhalations, he claimed that the vast research in the field for microorganisms as causative elements of disease and the discoveries made therein, have given a new impetus to antiseptic treatment in every branch and affection. Antiseptic inhalations for pulmonary disease have proved of value, whether the germ theory be sustained or not.

The next address was by Dr. T. A. Reamy, of Cincinnati, chairman of Obstetrics and Diseases of Women.

Dr. Henry H. Smith, of Philadelphia, offered a resolution, which recited that an attempt was now being made to restrict by legislation the practice of investigation in medical science by experiments on animals, and that such restriction was not needed by medical men, and would interfere with medical progress. The resolution provided for the appointment of a standing committee to oppose such legislation by all legitimate means.

Dr. Dalton, of New York, said that the effect of the proposed legislation would be to stop vivisection in colleges and schools. The result certainly was not desirable. The principal object of the Anti-Vivisection Society, viz., the prevention of needless cruelty, would have the co-operation of the medical profession.

The resolution was referred to a committee consisting of Messrs. H. C. Wood, William Pepper and James Tyson, of Pennsylvania; Christopher Johnson, of Maryland; J. C. Dalton and Austin Flint, Jr., of New York, and J. S. Billings, U. S. A. Dr. Benjamin, of New Jersey, introduced the following resolution:

Resolved, That this association earnestly urges upon all American medical colleges the necessity of elevating the standard of education, at least so far as to require a preliminary examination, a three years' course, a register of attendance, and a practical knowledge of diagnosis.

Dr. Benjamin said that for years past men had been able to graduate at many of the leading colleges without even having so much as felt a man's pulse.

Dr. Henry, of New York, rose to speak on the question, and was expressing his opinion in a rather emphatic way about the disgrace which the medical colleges were bringing on the profession, when he was interrupted by a motion to lay on the table, which the president put and declared carried.

Dr. Henry cried out that every time this question had been brought forward it was squelched in the most undignified way.

A delegate called the attention of the Chair to the fact that he had only put the question to lay on the table one way.

The Chair put the motion again, and the result of the *viva voce* being doubtful, a rising vote was called for, and the association refused to table the motion by a very large majority.

Dr. Henry resumed the floor, and expressed the opinion that the medical colleges were responsible for the discredit which had fallen upon the profession on account of incompetent doctors.

This remark was greeted with applause, and some hisses were heard.

Dr. Robbins, the chairman of the Section on State Medicine, said that he intended to report a resolution in regard to medical colleges before the adjournment of the association.

The resolution of Dr. Benjamin was then adopted, and the association adjourned.

MAY 8TH.

The third day's session of the American Medical Association at the Congregational Church, this morning, was attended by 1240 delegates, which represents the total attendance at the convention. The following committee was appointed, on motion of Dr. George M. Sternberg, U. S. A., to petition to make suitable appropriations for the prosecution of scientific researches, relating to the cause and prevention of infectious diseases of the human race, under the direction of the National Board of Health: Dr. Sternberg, U. S. A.; Dr. I. M. Hays, Philadelphia; Dr. Gihon, U. S. N.; Dr. Reeves, West Virginia; and Dr. Dalton, New York.

Dr. Toner made a report from the Board of Trustees relative to the official journal published in Chicago by the association, showing that the surplus of $500 remained from receipts after paying all expenses. Before action was taken on this report Dr. Packard asked leave to present a minority report. This was read. It expressed dissatisfaction with the management of the official paper, and suggested that a trained and paid corps of editors be employed, and that the publication office be removed to Washington, or Philadelphia, or New York.

Upon the question of laying on the table the minority report a *viva voce* vote was not deemed satisfactory, and pending preparation of official list of delegates the Nominating Committee, through the chairman, Dr. Hooper, of Arkansas, submitted the following list of officers, who, on motion, were declared elected: President—H. F. Campbell, of Georgia. First Vice President—J. S. Lynch, of Maryland. Second Vice President—S. D. Mercer, of Nebraska. Third Vice President—J. A. Parsons, of New Hampshire. Fourth Vice President—H. C. Ghent, of Texas. Time and place of meeting, New Orleans, the last Tuesday in April, 1885.

The vote was then taken on Dr. Packard's minority report, and it was laid on the table—191 to 74.

The majority report presented by Dr. Toner was then adopted.

The regular programme was then resumed, and Dr. N. S. Davis, the chairman of the committee appointed on meteorological conditions and their relations to the prevalence of diseases, read a report. From the same committee Dr. Davis read a report upon the subject of collating investigations of disease in co-operation with the committee of the British Medical Association.

The Judicial Council announced that S. S. Goode's application for admission as a delegate was rejected, because his society, the Somerset

Medical Society, of Pennsylvania, was not recognized by the State Medical Society. The council declined to re-open the case of D. W. Day.

Dr. C. T. Parks, of Illinois, the chairman of the Section on Surgery, was allowed to read his address by title.

The address of Dr. D. J. Roberts, of Tennessee, the chairman of the Section on State Medicine, was postponed until to-morrow's session.

The association then adjourned.

MAY 9TH.

Owing to the departure of many members the proceedings of the last day's session were not so interesting as usual.

Dr. Dalton, of New York, reported from the Committee on Experimental Medicine, and the report was adopted. Dr. Davis verbally reported that the Committee on Ethics concluded to make no changes in the Code this year.

Dr. Pratt reported a resolution referring to the regulations of immigration, so that infective diseases might be excluded.

Dr. Roberts then delivered his address on State Medicine.

Delegates were then appointed to the meeting of the International College in Copenhagen, which will meet next August.

The association then adjourned.

EDITOR'S ANNOUNCEMENT.

WITH this number the publication of THE MEDICAL BULLETIN will be from the office of the well-known medical publishing firm of F. A. Davis, attorney, they having, by purchase, obtained the stock, material, and good-will from the subscriber. While retaining my position as editor, they have assumed all of the mercantile and business affairs, enabling me to give still more attention to the reading columns of THE BULLETIN. A larger circulation and prompt business transactions will show the advertisers the advantage of such an arrangement.

Respectfully,

J. V. SHOEMAKER, M.D.

PUBLISHERS' ANNOUNCEMENT.

IN assuming the publication of THE MEDICAL BULLETIN, we venture to express the hope that it may not, in our hands, lose, in any degree, the merit which has hitherto called forth the recognition and support of so considerable a portion of the medical profession.

Our readers will rejoice with us that THE BULLETIN is still to remain under the able editorial management of Dr. J. V. Shoemaker, to whom all matter for publication should be sent.

The circulation of THE BULLETIN, already large, will, in the immediate future, be largely extended, and we invite the attention of advertisers to its superior advantages. A careful examination of its merits and circulation will satisfy them that it is a valuable and economical advertising medium for reaching the medical profession. While a liberal advertising patronage is a sign of prosperity, and will, we trust, be viewed with satisfaction by our readers, a strict supervision will be maintained over the advertising columns, to which nothing of an objectionable or doubtful character will be admitted. Our readers may safely deal with the firms whose advertisements appear in THE BULLETIN.

In order that we may be enabled to publish the best possible journal for the least money, all subscriptions will be payable strictly in advance. A long and close observance of the experience of other publishers has convinced us that in no other way can the publisher give his paying subscribers their just and honest due. In all branches of business in which accounts are run and credits extended, a certain percentage of loss occurs, which can only be made up by an added profit on the amounts contributed by those who do pay. This we consider unjust. There is also an additional expense incurred in keeping accounts and making collections, which is entirely unnecessary in the rule which we have adopted—viz., that of *payment in advance*—a rule which enables us not only to claim, but to demonstrate that, so far as THE BULLETIN is concerned, the majority who pay need not bear the extra burden of expense entailed by the minority who do *not* pay.

Subscriptions can be given to our solicitors in their respective fields or sent directly to us.

Hoping THE BULLETIN may merit and receive in the future a continuance of the liberal support of the past, we remain,

Very truly yours,

F. A. DAVIS, Att'y.

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y., Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, June, 1884.

PUBLISHER'S ANNOUNCEMENT.

Contributions of interest to the medical profession, as reports of cases, trial of new remedies, accidents in practice, and results of original investigations are respectfully solicited. As THE BULLETIN goes to press on the 20th of each month, to insure insertion in the current number, all articles intended for publication should be sent to the Editor at as early a period as possible. Authors wishing reprints of their contributions are requested to communicate with the Publisher before insertion. Special arrangements will be made to pay liberally for original matter.

All books, instruments, apparatus, etc., sent for review will receive careful attention, and their merits impartially discussed.

Change of residence of physicians, items of professional interest, marriages and deaths, etc., will be published without charge. As also professional and business changes of physicians and pharmaceutists, provided the announcement does not exceed five lines.

The attention of the business community is directed to the superior advantages enjoyed by THE BULLETIN as a medium for advertising their wares. Advertisements inserted at very reasonable rates.

Our readers will confer a favor upon the Publisher by mentioning, while making purchases from our advertisers, that their attention was directed by the attractive style of THE BULLETIN'S advertisements.

Notwithstanding the enlargement of THE BULLETIN (and the Publisher will still further increase it should circumstances warrant) the subscription price will still remain ONE DOLLAR per annum, postage prepaid.

F. A. DAVIS, Att'y., Publisher.
1217 Filbert Street, Philadelphia.

THE INTERNATIONAL MEDICAL CONGRESS.—We have been asked by the President of the Section of Dermatology to publish the following notice, with the hope that our medical contemporaries, especially those who make a specialty of dermatology, will also give it publicity:—

"At the close of the Congress (August 17th) arrangements have been made for an excursion to the leprosy district, Bergen, Norway. The time occupied will be about two weeks, and Dr. Armaüer has promised to cicerone the party. Those wishing to participate are requested to notify Dr. Haslünd, President of the Section of Dermatology, Copenhagen, Denmark, before the middle of July."

As this will be a rare opportunity for American physicians to practically view this loathsome disease in all its different stages, we trust that our medical journals will not fail to copy the above notice. From the high professional standing of Dr. Haslünd, we may gather that there will be nothing left undone to make the visit one of great interest in a scientific point of view, to say nothing of the opportunity of viewing this most romantic portion of Northern Europe.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

THE society met in the magnificent hall of the Union League Annex, on Broad Street, and at the opening session four hundred members were present. THE BULLETIN, with its usual energy, had the first number of the daily edition on hand, and it was distributed to all the members and visitors.

A very eloquent prayer was offered by the Rev. Jno. S. McIntosh, of the Second Presbyterian Church, after which Dr. John B. Roberts welcomed the members to the city on behalf of the Philadelphia County Medical Society in a very happy manner. Reports from some twenty-five committees were given and received, and their contents were, in most cases, not only interesting but valuable. During the mid-day recess the society was handsomely entertained by Drs. J. Solis Cohen and James Collins in the dining-room of the League. In the afternoon the papers read were of very great interest. The elegant reception of the President, Dr. Henry H. Smith, in the evening, at the Academy of Fine Arts, was attended by a crowded audience, and hearty enjoyment was the order of the evening. The magnificent building, unequalled in this country, filled with so many excellent works of art in sculpture and painting, and decorated with beautiful flowers, was admired on all sides, and the orchestra charmed every one with its perfect rendition of classical music under the baton of Mr. Charles M. Schmitz, the most able and popular leader in this country. Succeeding this came the elegant supper given by the Philadelphia County Medical Society, which was of course enjoyed by all. The brilliancy of

the scene, heightened by the rich dresses of many lovely ladies, will long be remembered with pleasure. The main interest on Thursday centered in Dr. Day's address in Medicine, which was well delivered; the remarks of Dr. H. C. Wood, on diphtheria, and a novel form of the sphygmograph, invented by Dr. Musser, of this city—a very decided improvement, indeed, which was fully described in the daily issue.

Friday was a day mainly devoted to ophthalmic matters, and the receptions of Drs. Keyser and Roberts. The excursion to Cape May on Saturday was a large one, and very enjoyable, as the toning effect of the ozone, and the refreshing sight of the wild sea waves braced up the weary members after their intellectual exertions of the week, and the presence of many ladies lent additional charm to the trip. A number of the visitors remained until Monday, to further enjoy the salt air.

Altogether the session has been a remarkable one, full of good work, to be followed, no doubt, by good results. No better series of papers has been given to the profession at any previous session, and the dignified manner in which the meeting was conducted was owing to the ability of the President, Dr. Henry H. Smith, than whom no better parliamentarian is to be found. We bade the visitors a hearty welcome in our opening number of the daily BULLETIN; we promised them a good time; we believe our promise has been fully kept, and we now bid all a sincere godspeed and good-by.

ANÆSTHESIA BY THE RECTUM.

ATTENTION has very recently been called to the production of etherization by the rectum, and reports are streaming in from all points relative to the new idea. The *modus operandi* is to place a quantity of ether in a bottle, to which a flexible tube is attached, armed with a nozzle at the end, such as is employed in administering an enema. The ether is warmed by immersing the bottle in water at a temperature of 120 to 145 degrees, when the vapor is driven into the bowel. The rectum may or may not be prepared by an injection or a cathartic to empty it. You had better clean it out if you try the new method. The gut is forcibly distended, the vapor is absorbed, the odor is detected in the breath in two or three minutes, and in a few minutes, usually, anæsthesia is well under way. Little ether is needed; one ounce has produced profound unconsciousness, and two or three ounces are enough, from reports, to quiet the most obstreperous person. Is the plan safe, practical, sensible? We think not. Diarrhœa almost invariably follows its use; severe dysentery has taken place. Dr. Weir, of New York, reports one death already from it, and more will surely follow, if surgeons rush into the last new notion as they all do with innovations. The quantity evaporated *may* be controlled; the abstraction of the volume unabsorbed in the bowel should threatening symptoms arise is not so easily managed. Usually wind *will* escape per anum, if dilatation is practised, but it seems not so with ether; rectums have been distended experimentally, but the vapor did not always rush out promptly when solicited. Let us ask our readers to be cautious in this novel procedure. The quantity of vapor in the lungs at any time may be nicely graded, but you do not know how rapid or how slow absorption is from the bowel. There is as yet absolutely nothing to recommend the new plan, except the economy in ether, and this is a slight matter. In many reported cases, the oral method of administration had to be used to control the case, which hints, at least, to the possibility that the new idea is not fundamentally correct.

THE CROAKER AND THE AMERICAN MEDICAL ASSOCIATION.—The meeting of the American Medical Association last month at Washington was universally acknowledged to be one of the most successful as well as useful that has taken place for some years. Notwithstanding the great satisfaction that it occasioned the members of the association and the profession at large, the croaker turned up to criticise, not the work accomplished, but the excessive quantity of material offered by some of the most distinguished and eminent practitioners in one of the sections. This wise phantom,

for some unexplained reason, always drags into all matters some supposed wrong of his own, and stands behind the bulwark of others and hurls mud upon all that can be reached.

REFORM AND THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.—Some of the oldest in advertising experience, at the recent meeting of the Medical Society of Pennsylvania, turned reformers and created a genuine sensation by calling a halt. If such reformers would live as they act before public assemblies the time of the society which is unnecessarily wasted by such discussions would be saved for a better and more profitable purpose. As our readers are aware—from the proceedings of the society—the reformers had an opportunity of proclaiming themselves as such to the world, especially the newspapers, and they start the next year with a pure, fresh and clean record, having had a wise and sly advertisement.

PENNSYLVANIA STATE MEDICAL SOCIETY NOTES.

Dr. Joseph Parrish, of Burlington, N. J., was at all the sessions.

Dr. Mary Stinson, of Norristown, was always an earnest listener.

F. A. Davis, Att'y, 1217 Filbert Street, is publisher of THE MEDICAL BULLETIN.

Dr. Harriet Preston, of Minnesota, was present, and was invited to a seat with the Society.

The papers of Drs. Jackson and Heyl were of great interest and practical value.

The annual election of the officers of the Society passed off in a very quiet and dignified manner.

Prof. A. B. Mott, of New York, came in on Friday morning, and was accorded a seat on the platform.

Dr. Theodore Kersting, a graduate of the University of Berlin, Germany, was a delegate from Butler County.

The excursion to Cape May Point was a grand success. Many delegates waited over to go to the seashore.

An innovation was made by the presentation of cases in which jequirity had been employed for the relief of skin diseases. This clinical mode of teaching seemed to give great satisfaction.

Nearly five hundred members were registered, making this meeting fully twice as large in numbers as any other.

Drs. Theodore Varick and Theophilus Parvin were present during the session, and were invited by the Society to the platform.

The entire profession of Philadelphia showed their interest in the proceedings by the large numbers who were present at all the sessions.

Dr. Isaac N. Quimby, of Jersey City, N. J., attended the meetings. He made some very practical remarks upon Dr. DeWilliard's paper.

Surgeon W. S. King, U. S. Army, formerly Medical Director of Pennsylvania during the war, was a close listener during the reading of the papers.

That the practice of medicine is conducive to longevity is shown by the presence of so many venerable members, many of whom have passed the age of three score and ten.

The resolution of Dr. Leidy on the Anatomy Act, and the remarks of Dr. Ewing Mears, were well timed, and obtained the unanimous approval of the Society.

The President happily introduced his successor, Dr. Ezra P. Allen, of Athens, Bradford County, and the Society adjourned amid the kindest feeling on all sides.

Dr. Mary H. Stinson, of Norristown, read a highly interesting paper on "The Work of Women Physicians in Asia." She was listened to closely by a large audience.

The exhibition of the electric light by Dr. Seiler, was a most charming display in a few brief remarks of what has been done in this way to throw light on a dark subject.

Drs. John P. Gray, of Utica, N. Y., and Eugene Grissom, of Raleigh, N. C., entered about the close of the reading of the papers on the first day, and were invited to seats on the platform.

The resolution of sympathy with the venerable Ex-President John L. Atlee, was a most excellent manner of showing the feeling of the Society. Dr. Atkinson telegraphed it at once to Lancaster.

The sprinkling of gentlemen from outside the State looks as though the medical world regarded the Medical Society of Pennsylvania as eminently worthy of their attention. It seems as though the American Medical Association had adjourned from Washington to meet in Philadelphia.

Dr. J. B. Roberts's paper was read in railroad time. It attracted the closest attention, and is of great practical value. His was a model of what is demanded,—terse writing, close adherence to the subjects, and no extension beyond the time allowed.

Hon. John Eaton, of Washington, U. S. Commissioner of Education, presented himself, but unfortunately his time was so limited that he could not be introduced. The cause of medical education has no better friend than this gentleman. He is the right man in the right place.

The publication of the papers caused much discussion, and it seems difficult to decide what is for the best interests of the Society. Perhaps a brief abstract would whet the appetite for a perusal of the whole paper, and thus cause the volume to be carefully read. We were glad to see it thoroughly discussed.

Dr. Seiler, after the adjournment of the second day's session, invited a number of his friends to Horticultural Hall, where he gave them a lecture on the anatomy of the larynx, illustrated by a number of large miscroscopical sections thrown upon the screen by means of Dr. MacIntosh's excellent solar microscope.

Much credit is due to the Committee of Arrangements and the President for the smooth running of the work of the Society. No time was allowed to be wasted. A person announced to read a paper, not being ready at the time, was not permitted any delay, but the next in order was called.

Dr. E. A. Wood, at the close of Dr. Bennett's paper, embraced the opportunity to allude to the exclusion of women from some of the county medical societies, and said that women had come, and come to stay. He hoped that it would be a hint to these societies to let down the bars and let women come into full fellowship.

Unfortunately the programme was not adhered to, nor was the law, and much annoyance was caused to those who were *appointed* to read papers, and who when they were called, could not be found. This should not occur, as gentlemen who are busily engaged in practice cannot make engagements only to have them broken. We respectfully call the attention of the officers for 1885 to this very important matter.

Dr. Traill Green pleasantly took the opportunity when rising to read his paper, to allude to the fact that it had become necessary to say "Ladies and gentlemen" when addressing his audience. Dr. Green is a highly popular member, and by his quaint expressions and forcible utterances invariably attracted and held the attention of the Society. His mention of a case of "blowing up the breastworks" by a peculiar prescription, brought down the house in a tremendous explosion of laughter. He inveighed strongly against the *incendiary* actions of physicians who were ignorant of chemistry, and endeavored to unite incompatibles in their prescriptions. Also, the necessity of using clean bottles lest nitro-glycerine might accidentally be found.

The luncheon given by the Resident Alumni of Jefferson Medical College at the University Club, on Walnut Street, to their visiting brethren, was a complete success. Dr. W. B Atkinson welcomed the members in a brief address, after which the luncheon rapidly disappeared under the charge which was made upon it. The best feeling prevailed, and every one appeared delighted at the opportunity to meet their fellow-graduates. Old memories were stirred, hands were grasped as of yore. The presence of Prof. J. M. DaCosta, and of Dr. E. Wilson, of the Board of Trustees, added much pleasure to the occasion. We recognized Dr. H. C. Ghent, President of the Texas State Medical Society; Dr. R. H. Chase, of the Norristown Insane Asylum; Dr. W. W. Dale, of Carlisle; Dr. J. L. Ziegler, of Mt. Joy, late President of the State Society; Dr. Isaac Massey, of West Chester, and others of equal eminence. Prof. H. C. Wood, of the University of Pennsylvania, was called upon, and made some felicitous remarks.

Drug Exhibits.

Henry C. Blair's Sons' wheat food was universally admired.

Kolbe & Son exhibited a combined gynæcological lounge and operating table.

Bullock & Crenshaw exhibited soluble sugar-coated pills, elixirs, and fluid extracts, all reliable preparations.

Trommer Extract of Malt Co., of Fremont, O., demonstrate by experiments the great digestive power of their extract of malt.

The Declat Manufacturing Co., of New York, exhibited a new phenic acid preparation, which is said to possess remarkable antipyretic properties.

L. Wolff & Co.'s oleates, hypodermic pellets, etc., were prominent among the elegant new preparations this enterprising house had on exhibition.

F. A. Davis, Att'y, exhibited the latest medical books published, among them "Wood's Library" and "The International Encyclopædia of Surgery" attracted special attention.

"Tongaline," A. A. Mellier's new remedy for neuralgia and rheumatism, was represented by A. A. White, of St. Louis, and it made a very favorable impression.

The largest and most attractive exhibit was made by Wm. R. Warner & Co., whose elegant parvules, dosimetric granules, and compressed tablets have never been surpassed.

The McIntosh Galvanic and Faradic Battery Co. made a fine display of their batteries, solar microscopes, and electric machines, which are acknowledged to be amongst the best in the market.

Hance Brothers & White displayed a full line of their popular fluid extracts, elixirs, pills, and other pharmaceutical chemicals. Their absorbent cotton attracted special attention.

The instruments on exhibition were microscopes, thermometers, etc., from Jas. W. Queen & Co., of Philadelphia. A full line of surgical and gynæcological instruments, and the Hall Health Syringe, were shown by Turner & Wayne.

The oleates and scaled salts of iron (assayed with the various alkaloids) of W. H. Schieffelin & Co., of New York, were among the most important and valuable new preparations exhibited, and with their new soluble coating for pills, they attracted great attention.

Eisener & Mendelson exhibited the genuine Johann Hoff malt extract in the original cases, the invoices for which were indorsed by the Consul-General Brewer, of Berlin, their object being to guard the profession against the worthless imitations of this valuable preparation.

Reed & Carnrick showed by actual experiment that their maltine contains twice as much diastase as any extract of malt in the market. Their beef peptonoids in a dry form, and also with wine and iron, are popular with the profession because of their elegance and concentrated nutritious properties.

McKesson & Robbins, of New York, by their unique case of ebony and old gold, attracted the attention of visitors, and then treated them with an elegant display of their popular gelatine-coated pills and granules. One of their new remedies, convallairin, has rapidly grown into favor, and added materially to the deserved reputation of this firm.

During the meeting of the Pennsylvania State Medical Society there was held in Horticultural Hall an exhibition of medical and surgical supplies, which reflected great credit on the enterprising firms who availed themselves of this opportunity to bring before the profession the new and valuable things in their respective lines. Prominent among the exhibitors were Parke, Davis & Co., with a full line of preparations. The preparations of this firm are known to the profession as among the best in the market.

Many other houses were represented, among them Rosengarten & Sons, with their quinia, and morphia. Fairchild, Brother & Foster, with pancreas ferments. Powers & Weightman, the only citric acid manufacturers in America. C. H. Phillips, of New York, with digestible cocoa, pancreatine, wheat, phosphates, and palatable cod-liver oil. Seabury & Johnson, the great plaster and antiseptic dressing manufacturers. Geo. J. McKelway, of Phila., the proprietor of Hubbell's prepared wheat, apiol, Japanese digestive food, etc. Smith, Kline & Co., manufacturers of concentrated liquors. J. F. Hancock, of Baltimore, medicated lozenges of the U. S. P.; most excellent preparations. Horlick's Food Co., makers of malt extract, Liebig's formula. Mellin's food for infants and invalids. Murdock's liquid food. Chemicals from C. L. Mitchell & Co., of Philadelphia.

PRESENTATION TO DR. W. R. D. BLACKWOOD.—Whereas, The Medical Society of the State of Pennsylvania, having accepted an invitation from the Cape May Improvement Company to visit Cape May Point this day, May 17, 1884, and whereas, Dr. W. R. D. Blackwood, with great kindness and sacrifice of personal comfort, volunteered to act, and did act, as engineer of the train, to insure the safety of the guests on this occasion; and whereas a collision with a freight train advancing in the contrary direction upon the same track was averted, and valuable lives were saved, by the great bravery and presence of mind shown by Dr. Blackwood in promptly acting at the critical moment, by stopping the train; therefore, be it

Resolved, That we tender a vote of thanks to W. R. D. Blackwood, M.D., for his invaluable services and personal courage, and beg him to accept the accompanying memento* and purse of money, as a slight mark of our gratitude and esteem.

FRANK WOODBURY,
CLIFFORD DOCK,
C. S. MEANS,
Committee.

Dr. Blackwood responded briefly, by stating that so soon after dinner he was too full for utterance, and that as a watch and chain was not now given him because he had two already, he would attach the memento to the chain he usually wore, in memory of the lovely ladies around him, and as a charm against future collisions.

BOOK REVIEWS.

Shakespeare as a Physician. By J. PORTMAN CHESNEY, M.D. 8vo. Pp. xvi., 222, iv. J. H. Chambers & Co., St. Louis, Mo., 1884.

A very remarkable book. Few physicians, however well read in Shakespeare, will fail to gather new beauties, new ideas, and new knowledge concerning their art from this volume. Once taken up, the volume is hard to lay down, the piquant style, the quaint tone, and the admirable humor are inimitable. The literary doctor *must* have the work on his shelves. It is well illustrated, and nicely got up generally.

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* The memento consisted of a large cup pan, filled with pennies.

The Ideas of the Apostle Paul. Translated into their modern equivalents by JAMES FREEMAN CLARKE, author of "Self Culture," etc. 12mo. pp. 436. Boston: James R. Osgood & Co. 1884.

Were the Apostle Paul to rise from the dead, and were the chapters of this volume submitted to him as an expression of the doctrines contained in his Epistles, he would be lost in amazement. Paul wrote very plainly, and his ideas have been recognized by believers and by unbelievers. We can understand a critic who says: "Paul taught divine sovereignty, foreordination, election, justification by faith, but we do not believe these doctrines, even though Paul taught them." It is too late in the day to try by special pleading and dogmatic assertion to make Paul teach Arianism, or Socinianism, or Arminianism. However, this is not the place for theological controversy. Mr. Clarke writes clearly, boldly, and with great confidence. His meaning is never confused by a loose style or inaccuracy of language, but he will find it difficult to persuade educated readers to accept his *Ideas* as the *Ideas* of the Apostle Paul.

A Practical Introduction to Medical Electricity. By A. DE WATTEVILLE, M.A., M.D., B.Sc. Second edition. 8vo. Pp. xii., 208, xvi. Plates and wood-cuts. J. H. Vail & Co., 21 Astor Place, New York. 1884.

No other work of any size contains more or as much valuable instruction on the subject treated than this. The method of teaching electro-physics is novel, simple and perfect. The physiological part is well worked out; the electro-diagnosis very complete, and electrotherapeutics are handled superbly. The whole work reflects great credit on its author; it is invaluable to the neurologist, and no conscientious general practitioner can afford to be without it. The cuts are exceedingly clear, and the general get-up of the book is good.

A Text Book on the Elements of Physics. By ALFRED P. GAGE, A.M. Pp. xi., 414. Boston: Ginn, Heath & Co. 1883.

A most excellent treatise for schools, common and advanced. The subjects are admirably handled, the illustrations are clear, sharp, and to the point. We commend the book heartily, as must be done by any impartial critic. For the family the work will well take the place of larger but not better treatises.

Female Hygiene and Female Diseases. By J. K. SHIRK, M.D. 12mo. Pp. 107. Lancaster Publishing Company, Lancaster, Pa. 1884.

A little book, but a good one. Its contents are compressed into compact, readable sentences, its views are correct, and its deductions sound. It is a good book for the people it aims to reach.

Sexual Neurasthenia. By GEO. M. BEARD, M.D. E. B. Treat & Co., 757 Broadway, New York. 1884.

Dr. Beard was a careful observer, a good neurologist, an intelligent therapeutist, and an accomplished gentleman. This book is one of the best he wrote. It covers a debatable ground satisfactorily, and its teachings are good. One cannot go far astray in nervous sexual exhaustion, so far as diagnosis and treatment are concerned, if he masters this little work of 260 pages.

The Son of Monte Cristo. Pp. 478. T. B. Peterson & Brothers, Philadelphia.

A good novel, keeping up the interest of the famous "Count of Monte Cristo." We have not yet seen the "Wife of Monte Cristo," and therefore the chain of the story is incomplete, but all should possess the full set. We heartily commend the work.

PAINLESS TREATMENT OF CHANCROIDS.

The ordinary cauterization treatment consists in the application of strong nitric acid, or nitrate of silver, directly to the part, either of which for the time being causes intense pain, especially if nitrate of silver be applied; and here I may state that the application of the last-named caustic to any chancroidal sore, is never followed by the speedy results which attend the application of nitric acid.

A comparatively painless method of cauterization is the following: First, thoroughly cleanse the sore and all surrounding parts with a solution of the bichloride of mercury (1 to 1000). Let this ablution of the penis involve all of the organ exposed after drawing back the foreskin. Then protect the healthy surface adjoining the sore from the action of the acid with oil or vaseline; after which apply to the diseased part a coating of chemically pure carbolic acid, to be followed immediately by strong nitric acid; after which iodoform or zinc oxide can be dusted over the part. The zinc oxide acts just as nicely as the iodoform, and is certainly more ageeeable to the patient's sense of smell, as well as that of his neighbors. The next few days the application of a little black wash, two or three times a day, and absolute cleanliness, is all that is necessary to effect a cure, even in the most sluggish cases.

Chancroid treated in this way reduces the painful operation of burning to a minimum, which in some cases is followed by great prostration; besides, it sets up a healthy action in the sore in far less time. I have treated in this manner during the last two months some forty cases with the most satisfactory results in every instance.

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